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DECL		Attorney Docket Number DE		DEP5157	EP5157			
	AND OF ATTORNEY		First Named	Inventor	Kolb, Eric			
	TY OR DESIGN APPLICATION CFR 1.63) Declaration Submi OR Initial Filing (Surc (37 CFR 1.16(e)) r	rcharge	COMPLETE IF KNOWN					
			Application N	umber				
Declaration Submitted with Initial Filing			Filing Date					
			Group Art Un	it	l			
<u> </u>		Examiner Name						
As a below named inventor	, I hereby declare that	:						
My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
Bone Fixation Systems (Title of the Invention)								
the specification of which								
is attached hereto								
OR								
was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country		Filing Date D/YYYY)	Priority Not Claim		rtified Cop Attached? ES		
Additional foreign applic]	

DECLAR	ATION - Utility or Design Patent App	lication							
	. 119(e) of any United States provisional ap Filing Date (MM/DD/YYYY)	plication(s) listed below.							
Application Number(s)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.								
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:									
Application Serial No.	Filing Date	Status							
		Patented Patented Patented							
I hereby appoint:		Place Customer							
Practitioners at Customer Number	000027777 →	Place Customer Number Bar Code Label Here							
AND									
Practitioner(s) named below: Name David A. Lane, Jr.	Registration Number 39,261								
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.									
Address all telephone calls to David Lane at tele	phone number (508) 880-8488.								
Customer Number Direct all correspondence to:									
Name:									
Address:									
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City:	State:	ZIP							
Country	Telephone:	Fax:							

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements w re made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any]) Eric			Family Name or Surname Kolb					
Inventor's Signature Cind - Kolb				Date 9/	2/03			
Residence: City Quincy	State MA	С	ounti	y USA	Citizenship U.S.			
Mailing Address 308 Quarry Street, Apt. #501								
City Quincy	State MA		ZIP 02169		Country USA			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SECOND INVENTOR:	NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any]) Family Name or Surname								
Inventor's Signature Date								
Residence: City	State	С	Count	гу	Citizenship			
Mailing Address								
City	State	z	ZIP		Country			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF THIRD INVENTOR: A petition has been filed for this unsigned inventor					ed inventor			
Given Name (first and middle [if any])			Family Name or Surname					
Inventor's Signature			Date					
Residence: City	State	_c	Country		Citizenship			
Mailing Address								
City	State	Z	ZIP		Country			

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